gouty patients with purin-free food and have studied the elimination of uric acid in the urine and feces. As there was always the possibilty of bacterial decomposition in the intestines, Benczur (*Zeit. f. exp. Path. u. Therap.*, 1909, vii, 339), at the suggestion of Brugsch, injected a known quantity of uric acid intramuscularly to determine how much of it could be recovered. As the procedure is not without unpleasant consequences, such as marked local and constitutional symptoms, Benczur omitted controls on normal individuals, obtaining them from the literature. The work of others has shown that healthy persons excrete 50 to 99 per cent. of uric acid injected intramuscularly. Benczur repeated the experiment on a patient suffering with gout. He injected 0.5 gm. uric acid into the gluteal region; the patient had been on a purin-free diet for several days, and it was found that the average daily output of endogenous uric acid was 0.2101 gm. During the two days immediately following the injection 81.6 per cent. of that given had been excreted. Benczur believes it not unlikely that the increase was due in part to the destruction of leukocytes, because of the marked local reaction, together with fever and general malaise, which followed the reaction. The same occurred in the normal individuals reported in literature. The experiment shows that the gouty patient eliminated uric acid injected intramuscularly just as a healthy subject does. In other words, the renal excretion of uric acid in the gouty is apparently normal.

The Effect of Compression of the Superior Mesenteric Artery upon the Systemic Blood Pressure.—Arteriosclerosis of the splanchnic arteries, presumably on account of its action in setting up increased peripheral resistance to the flow of blood, and thus raising the systemic blood pressure, has long been accounted a cause of cardiac hypertrophy. Longcope and McClintock (*Univ. Penna. Med. Bull.*, 1909, xxii, 226) have studied this condition experimentally in dogs by noting the changes in blood pressure produced by compression of the superior mesenteric artery. In five minutes the vessel was compressed or ligated forty-three times, and in every instance a rise of blood pressure resulted. The average elevation of pressure varied from 4.5 mm. to 10.3 mm. The changes in arterial pressure seemed to vary in direct proportion to the amount of constriction. When the compression was of short duration the elevation of blood pressure continued until the experiments were stopped, but when the vessel was ligated for a longer period, the primary rise in pressure was, except in one instance, followed by a secondary fall to normal. Compression of the aorta at the level of the diaphragm produced a marked and rapid rise in blood pressure, but neither compression at the bifurcation nor ligation of one or both renal arteries resulted in any alteration in systemic pressure.

A Quantitative Index to Tuberculin Treatment.—The two factors of value in tuberculin treatment are toxin tolerance and reaction. Toxin tolerance is the object to be gained in acute cases which have become afebrile, and it is obtained by the use of doses small enough to avoid reactions. In chronic cases, and in certain others, which, after long treatment, have come to a standstill, the productions of mild reactions are apparently beneficial. One difficulty in the therapeutic administration of tuberculin has hitherto been the impossibility of determining accurately the dosage, which in a given individual will, on the one hand, give the greatest stimulation without reaction, or, on the other hand, will produce a reaction of mild grade. Basing their work on experience with the cutaneous tuberculin test, WHITE, GRAHAM, and VON NORMAN (*Jour. Med. Research*, 1909, xxi, 225) have formulated a procedure to govern accurate dosage. They have found that a definite ratio exists between the amount of tuberculin applied cutaneously and that given subcutaneously for the production of local and constitutional reactions. Thus, one-fifteenth of the amount of O. T., which when applied to the skin produced the minimal cutaneous reaction (a local redness about 4 mm. in diameter) would, when given subcutaneously produce both local and constitutional reactions. One-thirtieth of the same amount subcutaneously would produce local without constitutional reaction, while one-fiftieth produces neither local nor constitutional reaction. Thus, by the use of a definite quantity of O. T. on the skin, it is possible to determine (1) the borderland of reaction and absence of reaction to tuberculin which will be the degree of tolerance to tuberculin of the patient, and (2) the dose of tuberculin necessary to give the grade of reaction desired. In their cutaneous tests, the authors used 0.01 c.c. of various percentages of O. T., and protected the point of application with a vaccine shield in order to allow complete absorption.

The Treatment of Pneumonia by Leukocytic Extract.—Continuing the work of Hiss, FLOYD and LUCAS (*Jour. Med. Research*, 1909, xxi, 223) have used extracts of leukocytes in the treatment of 41 cases of pneumonia. The leukocytes were obtained from the exudate produced by the injection of aleuronat into the pleural cavities of rabbits. While the general mortality of lobar pneumonia is given by Musser as 21 per cent., the mortality of this series was only 12.2 per cent. Of the 5 fatal cases, 2 were bronchopneumonia in children, 2 were complicated by cardiac lesions, and 1 was a man, aged seventy years. About 44 per cent. terminated on or before the sixth day of the disease. The most striking result of the treatment was a definite constitutional improvement, relief of labored respiration, and improvement of such symptoms as might be due to toxemia. The extract was administered subcutaneously in doses of 10 c.c. twice daily. In no instance did the treatment do any harm, but in three instances an urticarial eruption appeared after an interval of four to seven days. Following the beginning of inoculation there was a steady diminution in the number of leukocytes in the peripheral circulation. The evidence of effect on the process in the lungs was not distinct.

Aseptic Purulent Meningeal Exudates.—WIDAL (*Revue mens. de méd. interne et de thér.*, 1909, i, 1) has considered carefully that group of cases showing the signs of meningitis in which lumbar puncture gives a thick, purulent but sterile exudate. An exudate of this character was first described as occurring in syphilis, but has since been met with in la grippe, pneumonia, puerperal eclampsia, uremia, suppurative